

WILLING FILE, WILL OBTAINING THIS, IN, AS A FATHER, MOTHER, OR MIDWIFE, IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH, STATED. THIS CERTIFICATE MUST BE FILED BY THE ATTENDING PHYSICIAN OR MIDWIFE WITH THE LOCAL REGISTRAR WITHIN 3 DAYS AFTER BIRTH.

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH. Ter. Index No. 95

PLACE OF BIRTH
County of Gila
District of _____
Town of Globe
or _____
City of _____ (No. _____ St.; _____ Ward)

Register No. 92

FULL NAME OF CHILD Raymond Gordon Kuth { Born Yes / Alive No }

If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other <u>✓</u>	and Number in order of birth <u>✓</u>	Legitimate <u>Yes</u>	Date of Birth <u>Oct 13</u> 19 <u>09</u> (Month) (Day) (Year)
FATHER Full Name <u>Edward R. Kuth</u> Residence <u>149 Sycamore</u> Color or Race <u>White</u> Age at last Birthday <u>30</u> (Years) Birthplace <u>Polk Oregon</u> Occupation <u>Proprietor Insurance</u>			MOTHER Full Maiden Name <u>May Agnes King</u> Residence _____ Color or Race <u>White</u> Age at last Birthday <u>30</u> (Years) Birthplace <u>San Francisco</u> Occupation <u>Housewife</u>	

Number of child of this mother 2 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct 13, 1909, at 7 AM

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

Given or christian name added from a supplemental report _____ 19____ Filed Oct 15 1909 Address Globe

928-1013-427 COUNTY REGISTRAR. Filed Nov 1 1909 B.G. JAY WILCOX LOCAL REGISTRAR. COUNTY REGISTRAR.